DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR	
-	STATE	
	REGISTRAR	

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STATE OF MAKILAND	1 7 2 1	
T OF HEALTH AND MENTAL HYGIENE	1 2	
ERTIFICATE OF DEATH	REG. NO	

REGISTRAR					REG. N			
1. DECEASED NAME FIRS	7	AIDDLE	4	AST	20 DATE OF DEATH		Y YEAR	2b. HOUR
THOM	AS ED	WARD	ADA	MS	April 8, 1	1985		1:10 A
3. SEX	4. RACE		5. DATE (6 AGE (IN YEARS LAST BE		NIHS DAYS	IF UNDER 24 HRS
Male	White	е	Apri			YRS	DATS	1 19
70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 ** A A B D I E	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
Md.	U.S.	Α.	WIDOW		St. Mary's	s Count	v	M
10 CITY OR TOWN OF DEATH			G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KINDO	F BUSINESS O
Leonardtown		ry s Hosp			(TYPE OF WORK FOR MOST	JE WORKING LIFE)	INDUSTRY	
USUAL RESIDENCE (IF NURSING HO 130. STATE 130. C		GIVE RESIDENCE BEFORE 134 CITY OR TOW Callawa	ADMISSION) N	13d, INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS. Adkins	Rd. CODE	20620))
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			145	T
	nest	Adams		Francis	Maria	F	lobbs	
160 WAS DECEASED EVER IN U.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
(YES NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES!	None		David E. Ad	dams, Cal	laway,	, Md. 2	20620
	the lee do not be to be		NCE OF	- 21-2 als Go	rej	IDITION GIVE	N IN PART 1:0	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
OR CONTRIBUTING CALLE	OF DEATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STR	OF INJURY FEET, FACTORY OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
220.1 certify that (I) (this saw the deceased ali	ve on	19		nd that in (my) (aur) opinian	, ta death occurred an the d			that (I) (we) la- couses stated
above, (I) (we) (did) (d	. /	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	SIGNED
22d PHYSICIAN'S NAME (William C	TYPE OR PRINT)			22e. ADDRESS Loveville, M	Maryland 20	656		
	Toni Sura	122	LAME OF C	CUSTERV OR COS	1234 LOCATION			

DHMH - 16 60M 7/B4

should be detach IMPORTANT:

s the burial-transit permit. Then please remave cark and Mental Hygiene prior to burial, cremation, or

marked or Item 18 shows ony

TO FUNERAL DIRECTOR; After this certificate has been

(VRA 15, 4)

Burial

Burial 4/9/85 24. FUNERAL DIRECTOR

Charles

Memorial

Gans. Leonardtown, St. Mary's

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Clarke Mattingley, Leomardtown, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	Com	Chief	0	-

9	b	REGISTRAR				CERTIF	ICATE OF DEATH	REC	6. NO.		
15		CEASED NAME	FIRST	1	MIDDLE	0	AST	20 DATE OF DEAT		DAY YEAR	2b. HOUR
			onar		homas	100	wes ar	April			5:00P.
	3. SE	X	4	RACE		S. DATE C	DAY YEAR	6 AGE (THYEARS LAS		MONTHS DATE	IF UNDER 24 HR
		ale		White		May	27, 1925 EAR		9 YRS.		
ファ		RTHPLACE (STATE OR I	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
10	Mo			USA		WIDOWE	D DIVORCED		Mary's		
11	10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUI			OF BUSINESS C
0		eonard town			St. Mas	ry's I	Hospital	Farmer			rm
5	130.	AL RESIDENCE (IF NURS STATE 1d.	136 COUNT	THER INSTITUTION	I3c CITY OR TOW Lovevi	ADMISSION)	13d INSIDE CITY LIMITS?	P.O. BO	ss / ZIP CODE	(206	56)
01	Įć E	THER'S NAME					15. MOTHER'S MAIDEN NA				
XI	1	Bernard		thur	Bowle	s	Sophia	MIDD	IE C	Fraves	5T
1	16a \	VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU 214-30-		17 INFORMANT		ame as		
										APPROX	CIMATE INTERVAL ONSET AND DEAT
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY:	MALIC		T CACHE	A		BETWEEN	ONSET AND DEAT
any injury. or of	CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERA	NIFICANT CO			_	NOT RELATED TO THE TERM	INAL DISEASE OR C	20b. IF YES	EN IN PART 1	NGS USED
1	E	100 1000						YES NO		S 🗌	NO 🗌
		21g. ACCIDENT WAS UNE		21b. TIME C	FINJURY M. MONTH DA	Y YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDI		P.	M	19					
	MEDICAL	21d. INJURY OCCUR!	HLE 🗍	21e PLACE	OF INJURY REET, FACTORY OFFICE F.	ARM ETC)	21f LOCATION STREET	CITY	DRITOWN	COUNTY	STATE
2		220.1 certify that (I)		10 - 01	10	35 0	nd that in (my) (our) opinion (to Ap	a date and hou		that (I) (we) la
		saw the decease above, (I) (we) (a 22b. SIGNATURE	did) (did not)	view the body	ofter death.		DEGREE			22c. DATE	
		Kusha	P 3	anaro	ma	M	ATTENDING	MEDICAL SIRECTOR PH	STAFF YSICIAN [4	11/198
7	1	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS	, p.m.e., O., ()			2065
7		KRISHNE	P.	JAIA	RAMAN		RT3 1804 201	A MEC	MANIC	221112	
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE
	В	urial		4/15/	/85 Ch	arle	s Mem.Gdns.	Leonar	dtown	,St.Ma	
/84		JNERAL DIRECTOR			ADDRESS			E REC'D. BY REGIST			
54		W. Clarke	e Mat	tingle	ey, Leor	ardt	own, Md. APR	1 8 1985	. J. Da	4dson Ra	ndelle
	-							~ ~ ~	100 100	19301-1	1

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A Secretarious St. Many's longitude in a modern contraction

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

medico

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Female White Sept. 30, 1489 30, 1938 46 YRS DATE HOURS FOR BIRTHPLACE (STATE OR FORESON COUNTRY) Baltimore, Md. USA USA WIDOWED DIVORCED WIDOWARD IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FIND IN SUCH FACILITY, ONE STREET ADDRESS) St. Mary's County Restaura: WIDOWARD III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FIND IN SUCH FACILITY, ONE STREET ADDRESS) St. Mary's Hospital III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT HAS UCH FACILITY, ONE STREET ADDRESS) St. Mary's Hospital III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT HAS UCH FACILITY, ONE STREET ADDRESS) St. Mary's Hospital III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP NOT HAS UCH FACILITY, ONE STREET ADDRESS) WAND III. STREET ADDRESS / ZIP CODE MARY III. STREET ADDRESS / ZIP CODE P.O. BOX 1041 III. STREET ADDRESS / ZIP CODE P.O. BOX 1
ROSALTE BOYD April 15, 1985 03:3 1.SEX Female White Sept. 30, 1938 4. RACE White Sept. 30, 1938 4. RATE Sept. 30, 1938 4. RATY Security of Death White St. Mary's Country Restaural Wanager Restaural
Female White Sept. 30, 1938 46 White White Sept. 30, 1938 46 White Sept. 30, 1938 46 White White Sept. 30, 1938 46
The Birthplace (State or Porecon Country) Baltimore, Md. USA USA Never Married Never Ma
Baltimore, Md. USA NEVER MARRIED NEVER MAR
Baltimore, Md. USA WIDOWED DIVORCED DIVORCED St. Mary's County
10 CITY OR TOWN OF DEATH
A FATHER'S NAME George Beck Corbin 13 MOUNTY NO 15 MOTHER SMAIDEN FIRST George Beck Corbin Corbin 16 SOCIAL SECURITY NO. 17 INFORMANT NO 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
136 STATE 136 COUNTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 140 CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 150 CITY LIMITS? 150 CIT
George Beck Corbin Violette Estelle Sheldon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse lost OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.
George Beck Corbin Violette Estelle Sheldon 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 10 YES GIVE WAR OR DATES) 10 SOCIAL SECURITY NO. 17 INFORMANT Cheryl Nicol P.O.Box375 Calif., MI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10
(YES, NOOR UNKNOWN) IF YES GIVE WAR OR DATES) Cheryl Nicol P.O. Box375 Calif., M. Cheryl Nicol P.O. Box375 Calif., M. BETWEEN ONSET AND DE Conditions, if any, which gove rise to immediate cause lost UDE TO, OR AS A CONSEQUENCE OF COUNTY OF THE COUN
NO Cheryl Nicol P.O.Box375 Calif., Mi BETASTATIC. Conditions, if any, which gove rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF COUSE (IC). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PEST TO A PEST TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
<u>်</u>
Description IN CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH;
YES NO YES NO NO
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART LOR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK
220.1 certify that (I) (this haspital) attended the deceased from 4-5-, 19-55- to 4-14-, 19-55, that (I) (we saw the deceased glive an 4-14-, 19-65, and that in [mx] (qui) animan death accurred on the date and have and from the cause state
above, (I) (we) (did) (did nat, view the bady after death
226 DATE SIGNED 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Charles Professional Center, Suit
K. Mathur, M. D. Waldorf, Maryland 20601
230 BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
Coomation 1/16/1005 2 Suitland D.C. Wd
A FLINERAL DIRECTOR
W. Clarke Mattingley Leonardtown, MAPR 18 100

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Female To BIRTHPLACE ISTATE OF FOREIGN

M. CITY OR TOWN OF DEATH

Leonardtown JSUAL RESIDENCE

Charles

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

New York

FIRST

SARAH

4. RACE

Henry

(IF YES, GIVE WAR OR DATES)

White

U.S.A.

MARGARET

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

St. Mary's Hospital

Cornell

166 SOCIAL SECURITY NO.

76 CITIZEN OF WHAT COUNTRY?

St. Mary's Mechanicsvi

1. DECEASED NAME

(TYPE OR PRINT)

Md. 14 FATHER'S NAME

3. SEX

March 4, 1899

MARRIED NEVER MARRIED

17 INFORMANT

579-12-7961 Wm A Malatesta

DIVORCED [

15. MOTHER'S MAIDEN NAME

Josephine

COLLARD

5. DATE OF BIRTH

WIDOWEDK

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

86

120 USUAL OCCUPATION

Same as 13e

DH

	IAO	575-42-7501 Will. A.Malacebea Same as 100.
r other traumatic event, the	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	BY: Marking manager of the Market
ATION		INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IMPART TO
# 59 BE	BRE DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED VISE NO
hem 18 th	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTRY MEDICAL EXAMPLE)	THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
orked or them	THE INJURY OCCURRED	216 PLACE OF INJURY EAT HOME STREET PACTORS OFFICE FARM, ETC.) 211 LOCATION STREET CITY ON TOWN
of Health	27a.I certify that (I) (this haspital) saw the decased slive on above, (I) (an additional and	4 127 19 8 5 and that in the light seamon death occurred on the fast god how and from the course shake
ote Dept.	77h SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 4 29 8
APORTAN	James P. Jarbo	
	BURIAL, CREMATION, REMOVA/ Surial	236 DATE 236 NAME OF CEMETERY OR CREMATORY 4/30/85 Gate of Heaven 236 LOCATION CITY OF TOWN Silver Spring Montgoin
60M 7/84 5, 4)	FUNERAL DIRECTOR V. Clarke Matti	ingley, Leonardtown, Md.

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medical

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows ony

STATE OF MARYLAND 3 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DI			EALTH AND MENTAL HYG		REG. NO.				
	CEASED NAME	FIRST	A	AIDDLE		L	AST	20. DATE OF DE	ATH MON	TH I	DAY YEAR	2b HC	OUR
() rel	COL	RA	RUBY L	EE	CC	OVIN	CTON	April	23.	85		8:	53P M
3. SE	X		4 RACE		5.		OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY		IF UNDER 1 YEAR		ER 24 HRS
	FEMALE		WHI	TE		APR]	L 7, 1918	67		YRS.	MONTHS DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COL	JNTRY? 8.	A A DDIE	NEVER MARRIED	9 BALTIMORE	CITY OR CO	YTAUC	OF DEATH		
	TEXAS		U.	S.A.		IDOWE		St.	Mary'	s C	ounty		MD.
10. C	ITY OR TOWN OF DEAT	ГН			NURSING H		OR OTHER INSTITUTION	120 USUAL OC		DVINC IS	12b. KIND E) INDUSTRY		NESS OR
	Leonardtov	m			ary s		pital	HOMEMA		KKING LIF	E) INDUSTRI		
	AL RESIDENCE (IF NURSINGSTATE	IG HOME OF		GIVE RESIDEN		AISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADD	DESS / 710	CODE		20	0653
	ARYLAND	ST.	MARY'S		NGTON	PK.	YES X NO	BOX 2H	HILI	SI	RAILER		
-	ATHER'S NAME					- 4	15. MOTHER'S MAIDEN NA	ME					
)	SYLVESTER		MIDDLE		TTY		LOLA	BE	IDDLE			ERS	
	WAS DECEASED EVER I			166 SOCIA	AL SECURITY	Y NO.	17 INFORMANT		ADDBESS	2H.	Hills		ilerC
(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	443-	26-93	14	VERNON E. CO	OVINGTON					
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediate at the lost. IFICANT (VOV IFICANT (IFICANT (VOV IFICANT (IFICA	DUE TO, OI DUE TO, OI (c) CONDITIONS CC 19b. CONDITIONS ATH P. 71e PLACE	R AS A COLOR R AS	NSEQUENCE DE CONSTRUCTION CONTRACTOR CONTRAC	E OF TH BUT ERATIO YEAR 19	NOT RELATED TO THE TERM TO TO THE	20a AUTOPS YES N RED (ENJER NATURE	Y? /20b	O IF YES CERTIF YE	EN IN PART II	INGS US	ED ATH?
	22a I certify that (1) (sow the decease above, (1) (we) (di	d olive on	ot) view the body				, 19	death accurred a MEDICAL DIRECTOR	STAFF	nd hou	r and from th	e couses	stated D
	22d PHYSICIAN'S NA	ME (TYPE	OR PR				22e ADDRESS				,		
	Adinath	Pati	1, M. D.				Leonardtown			650			
23a.	BURIAL, CREMATION, F	REMOVAL					EMETERY OR CREMATORY	23d. LOCATIO	OWN		COUNTY		STATE
	BURIAL		4/29/	85	SUN	SET	MEMORIAL GARI				HE, OK)MA
24 F	UNERAL DIRECTOR			ΔΙ	DORESS		25e. DAT	E REC'D. BY REG	ISTRAR 25b.	REGIST	RAR'S SIGNA	TURE	

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

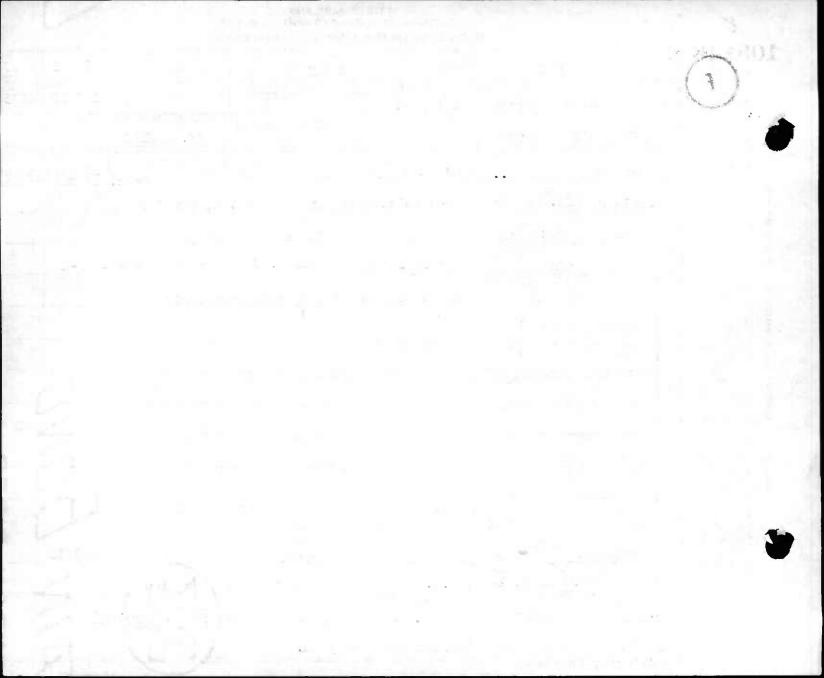
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he funeral director, page 3 within 72 hours after death

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MVISION OF VITAL RECORDS, 201 W. PRESTON ST.; BALTIMORE, MARYLAND 2120	100	
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed will find 24 find	retoined by the hospital or attending physiciar
	2	0

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DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the

STATE OF MARYLAND	2
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
CERTIFICATE OF DEATH	

1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	EIENE REG. N	40	
	CEASED NAME	FIRST	,	MIDDLE	l	AST	20 DATE OF DEATH		EAR 26 HOUR
TITPE	OR PRINT)	BILL	J	EROME	Both	DYSON	March 29.	1985	10:45A
. SEX		4.	RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BE		
M	ale		Black		Marc	h 29,1985		YRS	2 38
BIF M	RTHPLACE STATE OR FO	REIGN 76	U.S.	WHAT COUNTRY	? 8 MARRIEI WIDOWE	DI NEVER MARRIED	St. Mary	_	TH
0 C1	TY OR TOWN OF DEAT	Н 11		HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b K	IND OF BUSINESS OF
	Leonardtow		St. Ma	ry's Ho	spital		(TANE OF MORK FOR WOS)	OF WORKING LIFE) INDU	SIRT
	LE RESIDENCE (IF MURSIN TATE Md.	St.M	ary's	GIVE RESIDENCE BEFO	ere admission) wn prnia	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS P.O. BO	/ ZIP CODE X 364	(20619)
4. FA	THER'S NAME FIRST Jason	R	DDLE	Dys	son	15 MOTHER'S MAIDEN NA Clara	Ann MIDDLE	But	ler
	AS DECEASED EVER II	U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	
	No	(IF YES, GIVE W	AR OR DATES)	None		Clara Ann	Butler, S	ame as 1	3e.
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. Part 2. Other Significant Conditions Contributing to Death But not related to the terminal disease or Condition given in Part 1:0								
CERTIFICATION	19a DATE OF OPERATI	ON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO [
MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY WHIL AT WORK AT WORK	USE OF DEATH AL EXAMINER)	P./ 21e PLACE	M. MONTH [M.	19	216 HOW INJURY OCCURE 216 LOCATION STREET	RED LENTER NATURE OF INJU		
	22a L certify that (1) () ottended the	e deceased from			to		, that (I) (we) los
	sow the deceased above, (1) (we) (di	d) (did not) v	new the body	after death.		d that in (my) (our) opinion	deoth occurred on the c		
	22b. SIGNATURE	g sel	rale	ns	Agra-	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	DATE SIGNED
	22d PHYSICIAN'S NA	AE (TYPE OR PE	RINT)			22e ADDRESS			
	Ila Shal	a, M.I				Leonardto	wn, Marylan		
зо в Bú	urial, cremation, r rial		236 DATE 4/2/8			emetery or crematory ate Heart	23d LOCATION Of Mary L	St.Ma exington	Park, Me
√ FU	Clarke I	Matti	ngley	, Leona	ardtov	vn, Md.	P COOF ALL	256 REGISTRAR'S SIG	GNATURE

Fig. January British Delicary 1985 19:54

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00119	1. DEC

shows any injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item-18

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	10	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG	. NO.		
)		CEASED NAME F	IRST		MIDDLE		AST	1	a DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(1116		RREN	N M	AURICE	F	FENWICK		April	2, 3	1985	10:25 R
	3. SEX	(-	I. RACE		5. DATE C		EAR 6	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Male		Blac	k		.20,1921		63	YR		
A		RTHPLACE (STATE OR FORE	IGN 7	L CITIZEN OF	WHAT COUNTRY	8. MARRIE	D NEVER MARR	IED 7	BALTIMORE CITY			
		lash., D.C		USA		WIDOWE	D DIVORC	ED 🗌	St. Ma	J		MD.
1		TY OR TOWN OF DEATH		(IF NOT IN SUC	CH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUT		2a USUAL OCCUP.			OF BUSINESS OR
		eonardtow		St. N	Mary's	Hospi	tal		Postal	wor	ker	
	13a. S		L. COUN	TY	13c. CITY OR TOV	VN	134 INSIDE CITY LI	MITS?	3e.STREET ADDRES			11692
4			St.I	Mary's	Valley	Lee	YES NO			2 B	ox 8A	00/2
7	14_FA	THER'S NAME		SIDDIE	LAST		15 MOTHER'S MAI	DEN NAME	WIDDLE	:	LA	
4	14 14	William VAS DECEASED EVER IN		Α.	Fenwi		NI WIFORMANIT		ADI	DRESS	Lawr	ence
	14	ES, NO OR UNKNOWN)		WAR OR DATES)			17 INFORMANT				~	7.0
	Y	es Navy			579-16	-955	V Inez	C. F	enwick		Same as	
-	11	18 CAUSE OF DEATH (I	Enter only	y one couse per		Common Co			^		BETWEEN	NIMATE INTERVAL ONSET AND DEATH
-				CAUSE (o)	andi	5- 0-	, almo	Mar	2 242	Yen	11	
ı				DUE TO, O	R AS A CONSEQU		Α.					
ď		Conditions, if ony, w gove rise to immed		(b) (ceren	x0-	varial	S	Accie	ren	1	
		couse (a), stoting underlying couse	the	DUE TO, O	R AS A CONSEQU	JENCE OF						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
4	z	PART 2. OTHER SIGNIFICATION					NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CO	NOITION	GIVEN IN PART 1	0
-	MEDICAL CERTIFICATION	19 DATE OF OPERATIO			TION FOR WHICH		N WAS PERFORMED		200 AUTOPSY?	20h 1F	F YES, WERE FINDI	NGS LISED
1	FIC	THE DATE OF OPERATIO		1711 COND	I KOITTOK WITH	TOTERATIO	THE THE OWNER			IN CE	ERTIFYING CAUSE	S OF DEATH?
\exists	ERTI	21g. ACCIDENT WAS UNDERL	YING 🗀	21b. TIME C	OF IN JURY		121¢ HOW IN JURY	OCCURRE	YES NOL		YES []	NO []
	0 1	OR CONTRIBUTING CAU	SE OF DEAT	HOUR A.	M. MONTH D			OCCORNE	P TEMES MAIORE OF	470KT 114 TTEN		
	OIC.	(IF EITHER NOTIFY MEDICAL		P. 21e PLACE	M. OF IN HIRY	19	211 LOCATION					
4	ME	WHILE NOT WHILE			REET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OF	RIOWN	COUNTY	STATE
-1		22a.1 certify that (1) (th		D. Herrie			19					4
		sow the deceased of	alive on		10		nd that in (my) (our)		_ , to oth occurred on the	e date ond		that (1) (we) last
-		obove, (I) (we) (did) 22b. SIGNATURE	(did not	were the body	after death.		DEGREE					SIGNED
1		THE STOTATIONE	1	EL.	01		ATTEN			TAFF		. 3101123
\dashv		22d, PHYSICIAN'S NAMI	E (TYPE OR	PRINT			22e ADDRESS	ICIAN [DIRECTOR PHY	SICIAN [_	J	
		DEU, _			MD			0023	rdtown,	МА	20650	
\exists	23a B	URIAL, CREMATION, RE	N.	23h DATE	, M.D.	NAME OF C	EMETERY OR CREM		123d LOCATION	mu.	20030	
		SPECIFY) Burial	MOVAL	7.5			y Cemet		CITY OR TOWN		COUNTY	STATE
	24 FU	JNERAL DIRECTOR		Whr 9	T 202 I	alibi	ry cemet	25a (1)	Landov	er AR 25b, REC		ryland
		NAME	Mat	tingl	ey Leon	ard+	Our MA	1 A	0 190	2 /40	A WENT CON-	Marian
			LICE		-y 11001.	ulul	~ AATT & TATT *		_	1"		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

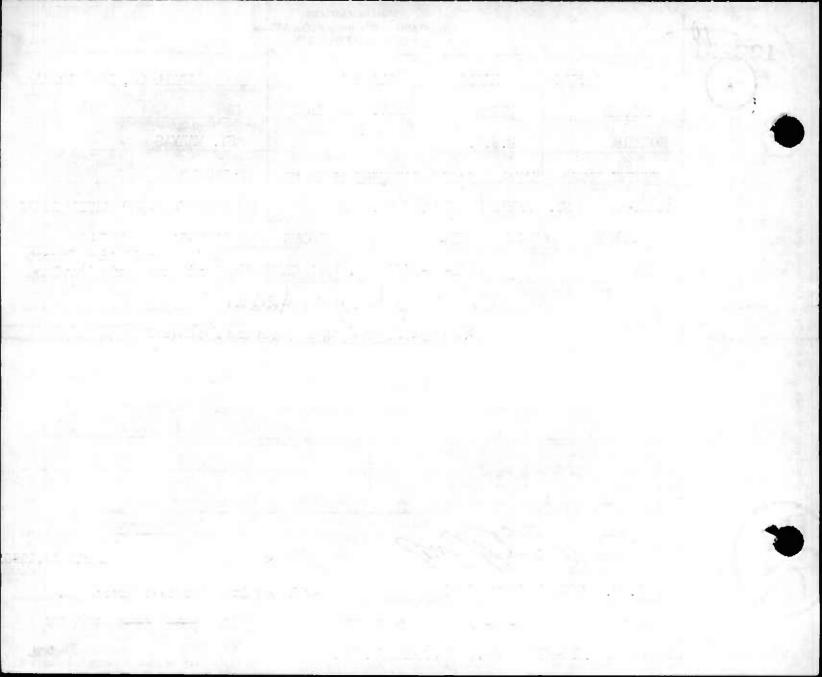
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH 2h HOUR 1985 1030A M APRII 6 AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH ST. MARY'S 12b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER 13e.STREET ADDRESS / ZIP CODE EUGENTA WRIGHT 104 Constellation Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) **JEAN** MARIE GI ANZMAN 4. RACE 30, 1944 FEMALE WHITE To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FLORTDA U.S.A. DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PATUXENT RIVER NAVAL HOSPITAL PATUXENT RIVER MD ST. MARY'S 104 CONSTELLATION STREET 20653 **MARYLAND** LEXINGTON PK 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME ROBERT KING **GLADYS** 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATES 261-78-2466 D. PAUL GLANZMAN, Lexington Park, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for tal, fb), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION YES | NOF 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on. above, (1) (we) (did) (did not) view the body after 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN April 25,1985 THE THYSICIAN'S NAME IT YOU DISPUNIT 22e ADDRESS D. H. RATCLIFF LCDR MC USN Naval Hospital Patuxent River, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURTAL 4-30-85 TALLAHASSEE, LEON, FLORIDA ROSELAWN 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in varidoon hande

DHMH - 16 50M 4/B3 (VRA 15, 4)

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.



ony injury, or ather traumatic event, the

IMPORTANT: If them 21 is morked or Item 18 shows

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DR PATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	NEO O I MI M				REG. NO.		
	1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MO	INTH DAY YEAR	2b. HOUR
Y	(TYPE OR PRINT) JOH!		HIL	L SR.	4/14 /85	85	440AM
1	3. SEX MALE	4. RACE RIACK	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS JAST BIRTHD	MONTHS DAYS	
		OLT 91	//	12 11	73	YRS.	
6	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED DE N	EVER MARRIED	9. BALTIMORE CITY OR C		
4	MXXXX Md.	U.S.A.	WIDOWED	DIVORCED [St.Mary		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
1	Leonardtown	St. Mary's		g Home	State Ro	d. Mary	rland
5	Md. State	UNITY 13c CITY OR TOWN	od 13d. IN		Gen Del	. (20619)
1	14. FATHER'S NAME	MIDDLE	15. MO	THER'S MAIDEN NA		L	AST
-	Arthur	Hill		Martha		Curti	. S
1	(YES, NO OR UNKNOWN) (IF YES, O	CIVE WAR OR DATES)		ORMANT	ADDRESS	14.	
ы	1/10	220-16-	4798 Su	sie M. H	ill Same	as 13e.	
	PART I, DEATH WAS CAU	only one couse per line for (0), (b), and SED BY: ATE CAUSE (0) Seed de		Seath.		BETWEEN	NONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF				
		rconditions <u>contributing to d</u>	SEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR CONDIT		(0,
2	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATION WAS	PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	
1			Y YEAR 21c. H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF E	P.M. 21e. PLACE OF INJURY	19	CATION			
1		(AT HOME, STREET, FACTORY, OFFICE, FA		STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK	pital) attended the deceased from	3/7/	Fy 10 8-	5 4/10	10 85	that (1) we lost
	sow the deceased of very	n 4/14 19 1	ond that i	n (m() (po)) opinion	death accurred on the date	and hour and from the	
1	22b.STG.LIATURE	nat) view the body after death.	DEGREE			22t. DAT	ESIGNED
	1	C. Alm	MI	ATTENDING PHYSICIAN	MEDICAL STAFF	VD 4/	14/85
	224 PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e. A	DDRESS	1	0	
	David (Hllen	13	on to	1 Leona	at town 1	2
	23g. BURIAL, CREMATION, REMOVA		cred he	YOR CREMATORY art Cem.	Bushwood	,St.Mary	s Må.
	24 FUNERAL DIRECTOR	ttingley, Leon	andtown	Md 25a. DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE
	W. Glarke Ma	, our igrey, Beon	ar a oo wii	APR 1	7 4005	5 70 .	-22

DHMH - 16 50M 4/82 (VRA 15, 4)

The state of the s

- STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST I. DECEASED NAME FIRST (TYPE OR PRINT) KERMIT HISER **OSCAR** 3 SEX 4 RACE 5 DATE OF BIRTH MONTH 12. WHITE OCT. 1901 83 MALE a BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WASHINGTON, D.C. WIDOWEDX DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! GENERAL DELIVERY COMPTON 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND MARY'S COMPTON 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 6 MIDDLE LAST FIRST JOHN HISER MARGARET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? medicol 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-16-1875A NO 18. CAUSE OF DEATH (Enter only one couse per line for with), and (c).) PART I. DEATH WAS CAUSED BY tastate IMMEDIATE CAUSE (0) other troumotic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse to bur PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION prior 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED buriol-tronsit per Mentol Hygiene YES 🗍 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY morked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTATHYGIENE REG. NO 2a. DATE OF DEATH 2b. HOUR 2785 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ST. MARY'S 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BIIII.DER13e. STREET ADDRESS GENERAL DELIVERY 20627 MIDDLE SCHUEBLE GENERAL DELIVERY MRS. FLORENCE H. MONSON, COMPTON, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI YES [] NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 22a. I certify that this hospital) attended the deceased from sow the deceosed glive on obove, (1) we) (did) (did not) view the body ofter death our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

HUNTT CREMATORY

should be detoched with the Stote Dept. FUNERAL

> DHMH-16 60M 1/73 (VR A 15 (4))

IMPORTANT: If Item

22b. SIGNATURE

CREMATION

230. BURIAL, CREMATION, REMOVAL

22d PHYSICIAN'S NAME (TYPE OF PRINT)

DAVID C. ALLEN, M.D.

122132

FOR

24. FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

4/28/85

23b. DATE

MEDICAL ARTS BLDG., LEONARDTOWN

WALDORF CHARLES, MARYLAND

REGISTRAR 256. REGISTRAR SSIGNATURE

23d. LOCATION

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E-370
1 23 10
3 74 5
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5 (0)
2 1 10
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1-	FOR STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

h	1.	FOR STATE			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		6.			
105010) DE	REGISTRAR CEASED NAME	FIRST		AIDDLE		ASI		REG. N	MONTH OF	AY YEAR	2b. HOUR
TO OF TO		OR PRINT)		RII	CKLER	TA	RBOE			6. 198	25	3.24 P
pog pog	3. SE:		TD	4. RACE		5. DATE C	F BIRTH	6. AGI	(IN YEARS LAST B	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
rtor.	F	emale		White		June	4,1935 YEA	2	49	YRS.	ONTHS DAYS	HOURS MIN.
g + 2 /	70 BI	RTHPLACE ISTATE OR FOR	EIGN	76. CITIZEN OF	WHAT COUNT	DV2 0	NEVER MARRIED	D DAI	TIMORE CITY		OF DEATH	
		d.		U.S.A		WIDOWE	D DIVORCED			ary's		
100		ty or town of DEATH Leonardtor	wn	(1F NOT IN SUC	St. M	ary s	ROTHER INSTITUTION Hospital		SUAL OCCUPAT DE WORK FOR MOST			F BUSINESS OR
100 TO	13a S	AL RESIDENCE (IF NURSING TATE 13	BL COUN	Mary's	13c CITY OR T	OWN	134 INSIDE CITY LIMI	TS? 13e ST X B	reet address ox 395	ZIP CODE	t Inn	Rd.
180		THER'S NAME FIRST L	afa	yette	Buckl	er,Jr	15 MOTHER'S MAIDE Laura	NNAME	MIDDLE	(Colgan	ì
Poges	16a V	AS DECEASED EVER IN	U.S. AR		16b SOCIAL S	ECURITY NO.	17 INFORMANT L.Dawso	n Jar	boe, S	RESS		(20659
attending physicio ave carbonpopers tian, or remavol. aumatic event, the		Canditions, if any, w	S CAUSE AMEDIA'	D BY: TE CAUSE (a)	1/4	poxe	emia hic L	ung	Can	aar	Da Max	IMATE INTERVAL ONSET AND DEATH
n signed by the of Then please remite burial, crema injury, ar other tr	NO	gave rise to immedicate (a), stating underlying cause	the lost	DUE TO, OI	r as a conse	OUENCE OF		/_			N IN PART 110	D.
has been to permit.	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED		AUTOPSY?		WERE FINDING CAUSES	
ertificate ial-transi ntal Hygi		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
ter this c is the bur h and Me rked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC }	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
ECTOR: At d for use of it. of Healt m 21 is mo		220 I certify that (1) (the saw the deceased above (1) (we) (did 22b. SIGNATURE			0 0 -		nd that it (our) ap	, to pinion deoth o	occurred on the	dote and hour	-	
RAL DIR detache state Dep		Dav	1	(.)	the	/	ATTEND PHYSIC	ING MEI	CTOR PHYS	AFF ICIAN []	4/1	1/83
of FUNERAL hould be det with the State			id A	Allen,			Lec		cown, l	Md. 20	650	
~ - v > <u>*</u>	23a. I	surial, cremation, re Burial	MOVAL				EMETERY OR CREMAT		LOCATION CITY OR TOWN	G1	COUNTY	STATE
BP		JNERAL DIRECTOR		4/9/	85	Queen	of Peace		Helen D. BY REGISTRA		ary's	Md.
OHMH - 16 60M 7/B4 (VRA 15 4)		. Clarke	Mat	tingle	v. Leor	ard to		APR	9 1985		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Williams

DHMH - 16 60M 7 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH REGISTRAR CERTIFICAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1)	La Barrella	43	3	
dia.	4		State of the last	

. 1							KEG. N	O.				
"	1. DEC	CEASED NAME FIRST		MIDDLE	- 1	LAST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HO	JR	
	TTYPE	CR PRINT)	eth C	CORNELIA	J(ONES	April 22,	1985		2:5	9 P _M	
ı	3. SEX	X	4 RACE	S. DATE OF BIRTH			6 AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS		R 24 HRS	
	Fe	emale		Nov	.7,1923 YEAR	61	YRS.	MONTHS DAYS	HOURS	MIN.		
4	In BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Clusian	9 BALTIMORE CITY	R COUNT	Y OF DEATH			
K		(Id.	U.S.A.		WIDOWE	D NEVER MARRIED [s Cou	nty		MD.	
1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND LIFE) INDUSTRY		ESS OR	
d		Leonardtown		TY B HOSP			Homemake		111000111			
1	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY	13c. CITY OR TOW		134. INSIDE CITY LIMITS?			DE 7	nla	T	
>	Mc		lary's	Avenue		YES NO X	Gen. De	1	all.		30	
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN I	NAME		L	AST		
-		a to	natius	Counti		Mary	Elizab		Lee			
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	URITY NO	17 INFORMANT	ADDR	ESS				
	,	No		220-34-	-7966	Richard H	. Jones, S	ame	as $13e$			
		18 CAUSE OF DEATH Enter o	nly one couse pe	Line for (a), (b), or	nd I 🧲 📗	11		2	APPRO BETWEEN	XIMATE INTE	RVAL D DEATH	
1		PART I. DEATH WAS CAUSI	TE CAUSE (o)	elle	My	muu	monu	/ -				
-1	DUE TO, OBJAS A CONSEQUENCE OF											
		Conditions, if ony, which	(b)	MOX	UN	gimer	was	20				
		gove rise to immediate couse (a), stating the	DUETO	R AS CONSEOU	ENCEOE	V	101	0	/	,		
		underlying couse lost.	(6)	Cal	UII	onio	1 1 Auc	TON	wen	171	in	
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAUDISEASE OR CON	DITION G	IVEN IN PART 1	10		
	O						//					
5	CERTIFICATION	190 DATE OF OPERATION	- 196/90ND	196 OONDITION FOR WHICH OPERATION WAS PERFORMED				IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?				
	TIF	1.10.83	Cas	welliones / well			YES NO YES NO					
20		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	211 OW INJURY OCC	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART OR PART 2)			
Z	CAL	(IF EITHER NOTHEY MEDICAL EXAMINE	AIR	.M.	19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	FARM ETC I	211. LOCATION STREET	CITY OR TO)WN	COUNTY		STATE	
	~	AT WORK				Of .	- 1. 9	2	Dr	_		
		22a I certify that (I) (this hosp	1 10	e ceosed from_	10/2	19.1	J. 10 / - 6	4	. 19	, that (I) ((we) lost	
		sow the deceased alive or obove, (I) (we) (elid) (did go	ot) view the body	ofter deoth.	V 1 . U	nd that in (my) (our) opinion	on death accurred on the d	ote and ha	our and from th	e couses st	oted	
		226. SIGNATURE		, 0, 0		DEGREE	200		22¢ DAT	E SIGNED		
		XXID	ILL	acx	,	ATTENDING PHYSICIAN		SIAN [
П		22d. PHYSICIAN'S NAME TYPE	JR PRINT)	1		22e ADDRESS						
		A. Samadi, M.D. Leonardtown, Maryland 20650										
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION					
	Вί	urial	4/26/	/85 Sa	acred	Heart Cem	. Bushwoo	d St	.Mary	s I	Md.	
	24 FL	JNERAL DIRECTOR		T management	nd+a	25a. D	ATE REC'D. BY REGISTRAR	25h REGIS	STRAR'S SIGNA	TURE		
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DHMH - 16 60M 7/84 (VRA 15, 4)

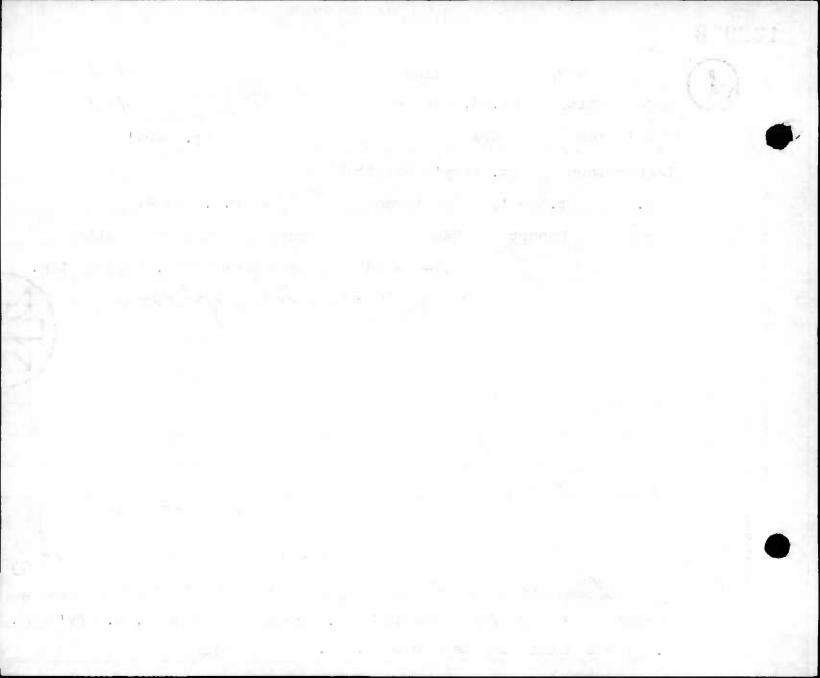
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove corban-papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the

ot. May's County

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	Lama	1,	FOR	D		E OF MARYLAND	AL HYGIENE 2	9 3
11.8	15U 44	1 '-	STATE REGISTRAR	MED	ICAL EXAMINE	R'S CERTIFICAT	E OF DEATH	5. NO.
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/		3.58		5. DATE OF BIRTH	6 AGE (IN YEAR	S IF UNDER LYR LIFTIN	DER 24 HRS 2c. DATE	MONTH DAY YEAR 2d HOU
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	AND T	Wa	shington	USA	and the same	WIDOWED DIV	ORCED St. Ma	ary's
	A PAGE A	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME,	OR OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	A SE POR		onardtown	St. Ma:	ry's Hosp:	ital	TOR MOST OF WORKING (IFE)	OK INDOSTRI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	ANY D AND 3 AND 3 FETAIN	30 S	AL RESIDENCE (IF IN NURSING HO. TATE 136 CO	ME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN HOllywoo	13d. INSIDE CITY LIMI	130 STREET ADDRESS TX P.O. Box	11 20636
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E A	OURS AFTER DEAT 18. GIVE PAGES 1 3. WITH FORM PA AIT. PAGES 1 ALD E, DIVISION OF	1 -	_	IVE WAR OR DATES)	555-48-23	15 Albant	o Heard Vamm	Come of 12-
× 80	RS WITH SING	H.	es 18 CAUSE OF DEATH (Enter			45 Albert	a Heard Kamm,	Same as 13e.
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ON O	VAI GE		IMMED	DUE TO OR A	AS A CONSEQUENCE O	o congress	of Against	
ES	WITHIN 24 ENCIL IN ITE MINER ALON TRANSIT PEI NIAL HYGIE OR REMOVA		Conditions, if any, wh	ch	o n constanting			
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S S	OF E UES	X	WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	INCACT							
	A R S S S H S		22a I certify that I took ch				ection Inquiry	ond in my opinion
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	A. PEGER		ACTUAL A	1		TITLE (SPECIF	Y)	DATE Uhol
	SHAP SHE	1	SIGNATURE	4		M.D. DEPYT	MEDICAL EXAMINER	SIGNED SIGNED
	MEDIC CUTE 1 SE 4 SF FUNER FUNER FR DEA		EXAMINER'S NAME	Stones 1	Bard	17	10/100, 5	first 1
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22.40	URIAL, CREMATION, REMOVA	Vamee (Juya	ADDRESS	VGFCESON O	TRUE!
		(3	PECIFY)	2.70		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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Ľ	REGISTRAR			CERTI	FICATE OF DEA	TH	REG.	NO.		
	DECEASED NAME FIRST YPE OR PRINT)		MIDDLE		LAST		20 DATE OF DEATH	DAY YEAR	2b. HOUR	
L	Elair	ne El	izabeth	I)	McVeigh		April 1	2,198	5	
3	SEX	4 RACE			OF BIRTH	VEAD	6 AGE (IN YEARS LAST II	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
F	emale	White		Apr	1 13, 19	EI	72	YRS	MONINS	HOURS MIN
PE.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARI	DIED [9 BALTIMORE CITY	_	Y OF DEATH	
L	Md.	U.S.A	•	WIDOW	**		St. Mar	y's		MD
7	city or town of DEATH eonardtown		HOSPITAL, NURSIN CH FACILITY, GIVE STREET HOME		OR OTHER INSTITUT	ION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS) HOMEMA	TION OF WORKING L	126 KIND C INDUSTRY	F BUSINESS OR
1	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		F ADMISSION!			Homema	761		
M	d. STATE STATE	UNTY	Leonard	N	131. INSIDE CITY L	XX	Rt.1, B	x 75	-H1 (2	0650)
4	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		IAS	i _
1	Maurice I	Edgar	Baker		Nett	ie	Maria		Nich	ols
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	No		578-03-	-2830	D Lawre	nce	Wm. Burg	ess, in	eonard	town, Mo
Г	18 CAUSE OF DEATH (Enter	anly one cause pe	line (01, (b), one	g (c).1	D M.T	9 9/	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
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ш	Conditions, if ony, which	una		170	MMX					
L	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
L	underlying couse lost	(c)_				V				
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CERTIFICATION										
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] #							YES NO		ES 🗌	NO 🗆
	OR CONTRACTOR CONTRACTOR		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF IN.	URY IN ITEM 18.	PART 1 OR PART 2)	
13	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19						
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ı	220.1 certify that (I) (the line	wat i attended/th	deceased from	2/ /	Jan 19	08.0	10	112	1085	that (1) (i) lost
1	sow the deceased olive above, (I) (per (did))	00 4	197	2-6	nd that in (my) (Lopinion d	leath occurred on the	ate and hor	ur and from the	causes stated
1	226. SIGNATURE	1) 1		18	DEGREE		10-14-		221. DAYE	SIGNED
	(1	1/10	WYS	NI	ATTEN PHYS	ICIAN 2	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	14/1	5785
1	224 PHYSICIAN'S NAME THE	OR PENTS			171 ADDRESS				1//	1
	11	1/							3.5	
230	BURIAL, CREMATION, PEMOVA	L ZIL DATE			EMETERY OR CREM		236. LOCATION			
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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, Md. APR 1817 1985 Fue Durdon Ponder

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	IS NECESS THE FUNCTION OF SECOND OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAF IS NECESS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1. 2, AND 31 OT THE FULLY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. OR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 MID 2 SHOULD BE FILED. WITH FAFER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WA RES BARTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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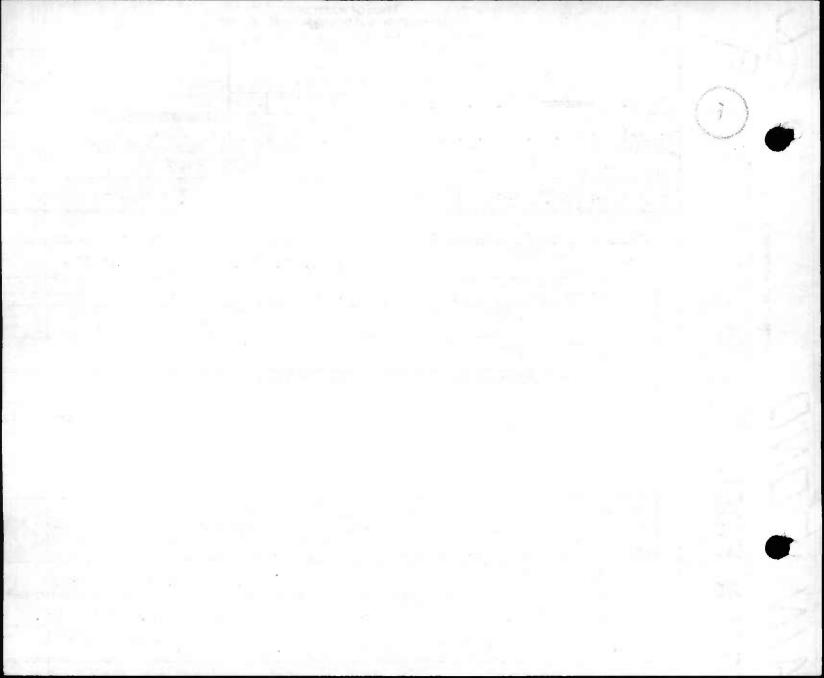
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24 FUNERAL DIRECTOR

STATE OF MARYLAND

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12 CHIZEN OF MAIL OR ON A COUNTY OF DEATH 12 CHIZEN OF WHAT COUNTRY 12 CHIZEN OF WHAT COUNTRY 13 CHIZEN OF WHAT COUNTRY 14 CHIZEN OF MAIL 15 CHIZEN OF MAIL 15 CHIZEN OF MAIL 16 CHIZEN OF MAIL 17 CHIZEN OF MAIL 17 CHIZEN OF MAIL 18 CHIZEN OF MAI	2 13	Hick 1	Feb. 15, 1	L933 52	RTHDAY) MONT				PRONOUNCE	ED	4			1:20
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Institution Ceased Ever In U. S. ARMED FORCES? Institution 218 - 34 - 7453 Jos. A. Nelson Same as 13e	S NAME ST		MIDDLE	LAST				N NAME	E MIDD	H.E		LAST		
AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ART I DEATH WAS CAUSED BY: ART IDEATH WAS CAUSED BY: INTERIAR CAUSE (a) Patty metamorphosis of the liver DUE TO, OR AS A CONSEQUENCE OF	seph	Wash	ington		LIPITY NO	17 INFOR	Marg	aret	T		sa	Dys	son	
INVERTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatty metamorphosis of the liver DUE TO, OR AS A CONSEQUENCE OF	NO (NEW NOWN)	(IF YES, GIVE WA	AR OR DATES)								e a	s 13	е	
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a Certify that I taak charge of the remains described abave, held an Autopsy A. Inspection Inquiry, and in my apinion h resulted from: Natural causes X., Accident, Suicide, Hamicide, Undetermined manner, TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-16-85 ADDRESS 111 Penn St., Balto., Md. 21201 CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial Apr. 19,1985 Queen of Peace 23d LOCATION CITY OR TOWN ADDRESS Md.	F - NO	T 14/1/10 = -				STRFET			CITY OR TOWN		co	UNTY		STATE
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W. Clarke Mattingley Leonardtown, MAPR 19 1985	Buria					Peac	e	Emy	Helen					
		arke 1	Matting	ley Le	onardt	own,	MAPR	19	1985 g	230 KEGIS	CLI CO	XIM	dall	

	- 5	FOR FILM STATE REGISTRAR		06 ite 0/85 r				EXA			Ann		-			F	EG. NO).			
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1	ID. CIT	TY OR TOWN	OF DEA	TH		AE OF HOSI				OR OTH	ER INST	TUTIC	NC		MOST OF W			OF WORK			
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7	CERTIFICATION	190 DATE OF	OPERA	TION	11	b. CONDIT	ION FOI	R WHICH	OPER/	ATION W	AS PERF	ORM	ED?						20 Ak	autopsy:	n Onl
	ET IFI																			YES 🔀	NO 🗌
2	S	210 EXTERNA	-			TO TIME OF			YEAR	21c. H	JUNI WC	RY O	CCURRE	DIENTER	NATURE OF	INJURY II	I ITEM 18 I	PART 1 OR P	ART 2)		
7	CAI	CONTRIBUTI	NG 🗌 (CAUSE OF D		P.M.			19												
	MEDICAL	216. INJURY C			12	STREET, FACT			OME.		CATION				CITY OR	IOWN		C	YTHUC		STATE
		AT WORK	ATW	ORK -						Abd	. 00	107									
		220 certi	fy that I	taak charge	af the r	emains des	cribed at	bave, held	d an	Autop			nspectio	n .	Inqui	ry 🗌	, an	d in my o	pinian		
		death result	ed from	Natura	l causes	X,	Acciden	it	Sui	cide	, Ha	micid	e 🔲 .	Unde	termined	manne					
		. 671141	1)	20) 1					TITLE	(SPE	CIFY)								
		ACTUAL SIGNATURE	11	1100	1	20%	- 0	_	_	N	.d. As	sis	stan	L_MED	ICAL EX	AMINE	?	SIGN	ED 4-	<u>-16-8</u>	5
1		EXAMINER'S	NAME	Ann A	M D	ixón,	МГ)				1	111 1	Donn	St.	P:	11+0	N	Ы	2120	1
		(TYPE OR PRI	NT)								ADDRES	5					1100	• , 1.		LAST DYSON 13e APPROXIMATE A	_
	23a.BL (SI	JRIAL, CREMA		1		19,1		NAME (23d. L	OCATION TOWN	n	C+	Mar	UNITY	M	ATE .
		Bur	ia:	I A	OL .	エフ・エ	2013	Vue	C11	OT	rea	しに		1 1	TCTC	11	7	TIGIL	y =) LT	4. 0



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MPORTANT: If them 21 is morked or them 18 shows ony injury, or other froumotic event, the,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
I. DECEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2b. HC	OUR
Earl Barry	/ Newbol	d			APRIL 26	1985	22	05p _M
3. SEX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BI	THDAY) IF UNDER		DER 24 HRS
Male	Whi	te	Feb	.23,1926	59	YRS.	DAYS HOUR	MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY		ATH	
North Carolina	US.A.		WIDOWE		ST.Marys	county		MD.
18. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. I	KIND OF BUSI	
Patuxent river		CHEACILITY, GIVE STREET A		Hospital	Retired	Navv INDU	USTRY	
USUAL RESIDENCE (IF NURSING HOME CO. 13a. STATE 13b. COU	R OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			NG V Y	2060	20
	Marv's	Great M		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Genera	al Delive	000	5/
4. FATHER'S NAME		TOLCUL M		15. MOTHER'S MAIDEN NAM		T DETIVE	ET A	
Elijah	MIDDLE	Newbol	٦	Callie	WIDDLE	Sitters	n	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUR		17. INFORMANT	ADDR			
Yes. no or unknown) (IF YES. G	VE WAR OR DATES)	2/3-22-	6126	Beatrice N	lovahol d	Como		
18. CAUSE OF DEATH (Enter o				pearrice N	iewboro	Same	APPROXIMATE IN	
PART 2. OTHER SIGNIFICANT 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	(ic) CONDITIONS <u>CC</u>		A C EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE	FINDINGS US	SED.
Ĕ					YES NOT	IN CERTIFYING C	AUSES OF DE	
00 000 170 10 10 10 00 00 00	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR				
UF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	218 PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	216 LOCATION STREET	CITY OR TO	OWN COU	NTY	STATE
22s. I certify that (*) (this hasp saw the deceased alive or abave, 4h (we) (did) (did m 22s. SIGNATURE	26 APR	ofter death.		nd that in tany) (our) opinion of DEGREE		220		
U/C. LA	est me	V.		ATTENDING PHYSICIAN	MEDICAL STA		26 Apri	185
22d PHYSICIAN'S NAME (TYPE				Patuxent	Divor Ma	bac Iva		
						тутана		
(SPECIFY)		0.1985 H	O V	Face Cemete	23d LOCATION	Mills S	+ Mars	STATE M

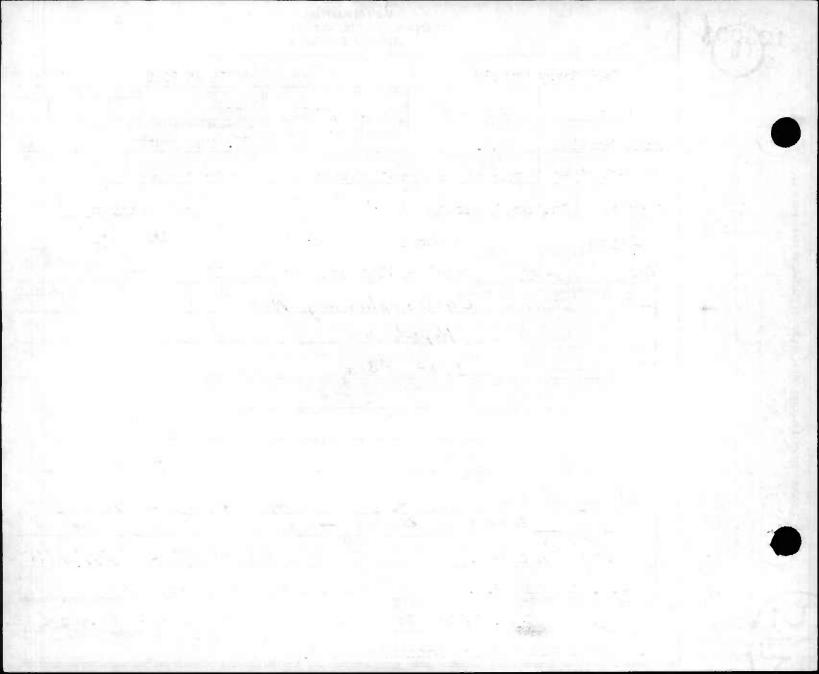
DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

14 FUNERAL DIRECTOR

W. ****Clarke Mattingley Leonardtown, Md.

25 DANRE D. BY 1385 AR 756-REDISTRAR'S SIGNATURE



TO FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct and the following the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours with the first back of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	at as	9	8
ilian			

(TYPE OR PRINT)					REG. NO.	
(TIPE OR PRINT)	FIRST		CXI VECTE	R PURNELL		нои : 5
	GEO:		SYLVESTEE		11p=== 1, => 1	
3. SEX	4	RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF U	URS
Male	200	Black	Feb.	126, 1906 YEAR	79 _{YRS}	
TO BIRTHPLACE (STATE	OR FOREIGN 7b	CITIZEN OF	WHAT COUNTRY? 8	D T NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
Md.		U.S.A	wiDOW		St. Mary's County	
10. CITY OR TOWN OF	DEATH 11		OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BU	
Leonardt	own	S	t. Mary's H	ospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Waterman	r
USUAL RESIDENCE (IF N	IURSING HOME OR OT	HER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION		1 D 04	_
Md.	St.Ma	arv's	Scotland	13d. INSIDE CITY LIMITS?	Fresh Pond Neck Rd	- 1
14. FATHER'S NAME				15 MOTHER'S MAIDEN NA		H.
John	Edwa	ard	Purnell	Catherin	ne Butler	0
14- WAS DECEASED EV	CD IN I I C A DAAC		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
(XES NO OR UNKNOWN)	(IF YES, GIVE W				a Purnell, Same as 13	20
INO			CT-4-14-14TC	mrs. Nosett	APPROXIMATE BETWEEN ONSE	
		(c)				
<u>o</u>					VINAL DISEASE OR CONDITION GIVEN IN PART 110	
19a. DATE OF OPE	RATION		ONTRIBUTING TO DEATH BUT		20a AUTOPSY? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
210. ACCIDENT WAS	RATION UNDERLYING CAUSE OF DEATH VEDICAL EXAMINER)	19b. CONDI	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	20a AUTOPSY? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	DEAT
OR CONTRIBUTING [(IF EITHER NOTIFY M 21d INJURY OCC WHILE NO	RATION UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER) URRED	19b. CONDI 21b. TIME O HOUR A.I P.I	TION FOR WHICH OPERATION FINJURY M. MONTH DAY YEAR M. 19	ON WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IT YES NO YES N	DEAT
OR CONTRIBUTING ((IF EITHER NOTIFY M 21d. IN JURY OCC WHILE AT WORK 22d.1 certify that sow the dece obove, (1) (we	RATION UNDERLYING CAUSE OF DEATH CAUSE OF DEATH EXAMINER) URRED WHILE WORK	21b. TIME O HOUR A.I 21c PLACE (AT HOME STR	F INJURY M. MONTH DAY YEAR M. 19 OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 3 nd that in (my) (our) opinion	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E YES NEED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	O C
OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCC WHILE NOTIFY M 22a. I certify that saw the dece above, (1) (w) 22b. SIGNATURE	RATION UNDERLYING CAUSE OF DEATH REDICAL EXAMINER) URRED WHILE WORK (I) (this hospital) exceed allow on exceed drive on	21b. TIME O HOUR A. 21c PLACE (ATHOME STR	F INJURY M. MONTH DAY YEAR M. 19 OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 3 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF (YES NO NEED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) CITY OR TOWN COUNTY To 19 that death occurred on the date and hour and from the cousting the county of the c	O C
OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCC WHITE NOTIFY M 27d. I certify that saw the dece above, (I) (w 27b. SIGNATURE 27d. PHYSICIANS	UNDERLYING	21b. TIME O HOUR A.I P.I 21c PLACE (AT HOME STR	TION FOR WHICH OPERATION FINJURY M. MONTH DAY YEAR M. 19 OF INJURY EET, FACTORY, OFFICE, FARM, ETC.) I decensed from 3 OFFI doubt.	216 HOW INJURY OCCUR 216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 228 ADDRESS Leonar	200 AUTOPSY? YES NO TENTER NATURE OF INJURY IN ITEM IS PART I OR PART?) CITY OR TOWN COUNTY TO 19 that death accurred on the date and hour and from the coust of the date and hour and from the coust of the date and the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the coust of the date and hour and from the date and hour and from the date and hour and from the coust of the date and hour and from the date and hour and	O C
OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCC WHILE NOTIFY M 22a. I certify that saw the dece above, (1) (w) 22b. SIGNATURE	RATION UNDERLYING CAUSE OF DEATH REDICAL EXAMINER) URRED WHILE WORK (I) (this hospital) eased alive on the control of t	21b. TIME O HOUR A. P., 21e PLACE (ATHOME STR	FINJURY M. MONTH DAY YEAR M. 19 OF INJURY EET, FACTORY, OFFICE, FARM, ETC.) I decensed from 3 OF GOOTH, 0 23(NAME OF (21c HOW INJURY OCCUR 21f LOCATION STREET 22f ADDRESS Leonar CEMETERY OR CREMATORY CE Church Ce	200 AUTOPSY? YES NO NO YES NO NOTE OF INJURY IN ITEM IS PART I OR PART 2) CITY OR TOWN COUNTY TO TOWN COUNTY ADDICAL STAFF DIRECTOR PHYSICIAN 7	S (I) (N (NED)

Clarke Mattingley, Leonardtown, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2)	the at	43	7
line	-6	48	4

	7	REGISTRAR								REG. NO.		
		CEASED NAME	FIRST	i	MIDDLE	0	AST		2a. DATE OF D	DEATH MONTH	QAY YEAR	2b. HOUR
		AN	Jalis		1	Ro	DD			APRIL 1	1985	11:00p M
	3. SEX	X	J	1. RACE		5. DATE O		XEAR	6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	
	11	TALE		White		5	3/	98_	8	6 YRS		
3		RTHPLACE (STATE OR FOR	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVE	R MARRIED	9. BALTIMORI	ECITY OR COUN	TY OF DEATH	
		SCOTLAND		U.S.A		WIDOWE	DX	DIVORCED [ST. MA			MD.
	10. CI	ITY OR TOWN OF DEATH	Н	LIE NOT IN SHE	HOSPITAL, NURSIN	ADDRESSI		ISTITUTION	120. USUAL OC	CCUPATION OR MOST OF WORKING		OF BUSINESS OR
0		ONARDTOWN		ST. MA	RY'S NURS	SING F	HOME		STEEL 1	MILL		12 102
6		AL RESIDENCE (IF NURSING	B COUN	ITY			113d. INSIDE	CITY LIMITS?	13e. STREET AD	DDRESS		
	MA	RYLAND	ST.	MARY'S	LEXINGTON	V PK.	YES 🔯	NO 🗌	185 CI	HESTNUT F	ROAD	20653
1	14. FA	ATHER'S NAME		MIDDLE	£AST.		15. MOTHE	R'S MAIDEN NA		WIGGE	LA	AST
		UNI	KNOW						UNKNOW			
1		VAS DECEASED EVER IN		MED FORCES?	16b SOCIAL SECU	JRITY NO.	17. INFORA			ADDRES84 C	CHESTNUT	ROAD
		10			213-07-9	9084	MRS.	PATRICIA PATRICIA	A A. DEA	M, LEXIN		
		18. CAUSE OF DEATH PART I. DEATH WAS	Enter an	ly ane couse per	line far (a), (b), an	d (c).)					BETWEEN	NONSET AND DEATH
		PART I. DEATH WAS	S CAUSE AMEDIAT	E CAUSE (D)	ands	0) - 1	2 cel	nona	wo le	1~ ver		
					R AS A CONSEQUE		9		0	0.		
d		Canditians, if any, v		(b)	000001		n	000	cas	01560	300	
1		gave rise to imme cause (a), stating		DUE TO O	R AS A CONSEQUE	ENCE OF	0					
H		underlying cause	last.	(c)								
		PART 2. OTHER SIGNIE	FICANTO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELAT	ED TO THE TERM	NINAL DISEASE	OR CONDITION C	SIVEN IN PART 1	(a
	ON N	ceres	40	sono	ular		De	ang	ficie	nog		
2	CERTIFICATION	19a DATE OF OPERATIO	NC	196. COND	ITION FOR WHICH	OPERATIO	N WAS PER	ORMED	10 AUTOP	SY? 20b. IF Y	ES, WERE FIND	
۲.	E								YES 🗌		YES	NO 🗌
2		21a. ACCIDENT WAS UNDER	_	1 216. TIME O	F INJURY M. MONTH D	AY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATU	IRE OF INJURY IN ITEM II	8, PART 1 OR PART 2)	
7.	S P	(IF EITHER, NOTIFY MEDICAL			M.	19						Trans.
	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC 1	211_LOCA STR			CITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE				, , , ,						
		22a.l certify that (I) (t						. 19	, ta			, that (I) (we) last
		saw the deceased	alive an	view the body	after death.		nd that in (m	y) (aur) apinian	death occurred	an the date and h	aur and fram th	e causes stated
		775. SIGNATURE		1	21	/	DEGREE				22c. DAT	ESIGNED
/			/	ex	101			PHYSICIAN [MEDICAL MEDICAL DIRECTOR	STAFF PHYSICIAN	4/1	/85
		22d. PHYSICIAN'S NAM	,,,,,,,	•			22e ADDR	ESS		4	1	4.0
		N. R		Sha	h.		100	2502	609.	1800	acci	Toury
		BURIAL, CREMATION, RE	MOVAL	23b. DATE				R CREMATORY	23d. LOCAT	ION R TOWN	erious -	1/41
	(CREMATION		4-3-8	5 HU	NTT C	REMATO)RY	WALDO		LES, TOWA	AND

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR. should be detach write the State De MPORTANT, IF

24. FUNERAL DIRECTOR (VRA 15, 4)

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

FOR	
STATE	
DECISTRAD	

STATE OF MARYLAND... DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

29%		25	July .
2	- 9	U	0
6-	1	~	-

REGISTRAR		CERTIFICATE OF DEATH	REG. N	Ю.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) ANTONI)	ROSSI	March 29	1985	3:55AM
3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BI	MONTHS DATE	
Male	WHITE	6 13 01		33 YRS.	All C
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
BRAZIL	BRAZIL	WIDOWED DIVORCED	St. Mary	's County	MD.
10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KINE	OF BUSINESS OR
Leonardtown	St. Mary's	Hospital	STORE OF WORK FOR MOST	WNER RE	řAIL
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO	UNTY 13c. CITY OR TO	OWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS RFD 1,	/ ZIP CODE	20650
MARYLAND ST	. MARY'S LEON	ARDTOWNES NO X	KFD 1,	BOX TIA	20650
14 FATHER'S NAME	MIDDLELAST_	15. MOTHER'S MAIDEN N			LAST
LUIZ	ROS	SI DÖRAL:			NATTI
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANT			X 11A
NO		4-5047 ELIETTE 1	R. KUEHN,	LEONARDTO	WN, MD.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OUENCE OF O DEATH BUT NOT RELATED TO THE TEI CH OPERATION WAS PERFORMED	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
E			YES NO	YES	NO [
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED) WHILE NOTIFY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJU		STATE
AT WORK AT WORK		3/3		30 00	
saw the deceased alive t	spital) attended the deceased from	n 3/38 19 8	7	ate and haur and from t	
TICPHISE IAN'S NAME THE		ATTENDING PHYSICIAN		FF.	TE SIGNED
//	Boya, M. D.	22e ADDRESS Leonardto	wn, Maryland	20650	/
23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION		МГ
BURTAL.	4/1/85 C	HARLES MEMORIAL	LEÖNARD	TOWN, ST.	MARY'S.

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buriol-tronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or

(VRA 15, 4)

24 FUNERAL DIRECTOR
E.N. BRIN

BRINSFIELD, JR., LEONARDTOWN, MD. 250 DATE REC'D. BY REGISTRAR'S S. REGISTRAR'S SIGNATURE APR 04 1833

ACCUMIN LIBERT PRINCIPLES, 1985 1:55A

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James G. Loyd, M. M. Loudent Company, Large 20050

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the Sentence of the sentence o

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR MIDDLE 2n DATE OF DEATH MONTH DECEASED NAME 7b HOUR Maude Sigler Estelle AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH YEAR Cauc. Female 28 96 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Luray, Va. St Mary's WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b KIND OF BUSINESS OR Lexington Park Amber House Homemake USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13th. STATE
13th. COUNTY
13th. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? ameron Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Cullers Harvey Smeltzer Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT NO 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71m. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET CITY OF TOWN AT WORK AT WORK 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not), new the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STATE PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL CREMATION, REMOVAL J. b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 4/9/1985 Evergreen Cemetery 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Maryland, pg

DHMH - 16 60M 7/B4 (VRA 15, 4)

Day and Day and

FOR - STATE

STATE OF MARYLAND

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2	3	0	2
Silver.	40	-	9.46

ATUXEN JAL RESIDENT STATE ATHER'S NAM FIRST RUS WAS DECEA: (YES, NO OR UNI) VES LI 18. CAUSE PART I. Condition	JOHN I STATE OR FOREY I N OF DEATH IF RIVE! I RIVE! SELL SEL	A. R. 4. R. 11. R. POME OR OTHER COUNTY Calve MIDO GI U.S. ARMED YES, GIVE WA LATINE CAUSED BY MEDIATE CA	Material Action of VISA NAME OF HIS NAVAL ER INSTITUTION. DE TANT DE FORCES? RRORDATES) E COM Interior Course per Y. AUSE (a) AUSE (a)	HOSPITAL, N. HFACILITY, GWE HOSP GIVE RESUBENCE 13c. CITY OF LUS Sm3 16b. SOCIAL	S. DA M. C. NTRY? 8. MAR WIDC HURSING HOA E SIREET ADDRESS! STALL E BEFORE ADDRESS! SDY STTAL LE SECURITY NO 10 93-20-	RIED X NE WED TE OR OTHER TUXENT 13d. INS YES TE 15. MOT 17 INFO	DVER MARRIED DOWNCED DOWNCED DE INSTITUTION CRIVER IDE CITY LIMITS? NO DHER'S MAIDEN NA MARY DRMANT	13e.STREET ADD 443- AME Loui	APR. AST BIRTHDAY) YR ITY OR COUL MARYS WORKIN WOST OF WORKIN RESS / ZIP C RIV DDLE SE ADDRESS	PEUN MONTE	DEATH Zh. KIND Condustry iew ark AS 2	13e.
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Ves II 18 CAUSE PART I. Condition gove rise cause to	OF DEATH (EDEATH WAS (IMA)), if any, who immedia	Iarine Enter only or CAUSED BY MEDIATE CA	e Cor ine couse per Y. AUSE (a)	My	OCARD	al.	_		n, Sa	ame		
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Condition gove rise cause to	i, if any, who to immedi	mEDIATE C	AUSE (a)	7			LNTAR	CTION		\dashv		
gove rise	to immedi		DUE TO, OF	R AS A CON	ISEQUENCE O	F						
gove rise	to immedi		(b)									
couse to			1~/									
		the last	DUE TO, OF	R AS A CON	ISEQUENCE O	F						
PART 2. O	HER SIGNIFIC	ICANT CON	IDITIONS CC	ONTRIBUTIN	IG TO DEATH	BUT NOT REL	ATED TO THE TERA	MINAL DISEASE OF	CONDITION	GIVEN I	V PART 1	o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		N	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED					INCE				
					H DAY YE	AR 21c HO	W INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM	IB PART I	ORPART 2)	
							CATION					
WHILE	NOT WHILE				OFFICE, FARM, ETC		STREET	CI	YORTOWN		YINUO	STATE
220.1 certif	y that (I) (thi	nis haspital)	attended the	e deceased	from 400	1	, 19 81	toA	the date and			that (I) (we) la
above	(1) (we) (did)						(my) (cor) opinio	. deam decorred of	me dole dia			
220. SIGNA	entir	R.C	roli	me	}	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF		ZZI. DATE	SIGNED
22d. PHYSI	IAN'S NAME	E (TYPE OR PRI	INT)			22e AD						-
	21a. ACCIDER OR CONTRIBUTED RESIDENCE 13d. INJURY WHITE AT WORK 22a. L certiff Sow 1th obove, 22b. SIGNA 22d. PHYSIC	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (th sow the decosed obove, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK 22a. Leertify that (I) (this haspital) sow the deceased alive an above, (I) (we) (did) (did not) vi 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	216. TIME O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P. 21d. INJURY OCCURRED 21e. PLACE (AT HOME. STE AT WORK NOT WHILE AT WORK AT W	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK ALWORK 220.1 certify that (1) (this haspital) attended the deceased sow the deceased alive an above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 23b. DATE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH (BETHER NOTHY MEDICAL EXAMINER) P.M. 1 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME. STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 1 (AI WORK STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 1 (BY) (BY) (BY) (BY) (BY) (BY) (BY) (BY)	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 21I LOC (AT HOME. STREET, FACTORY, OFFIC	216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURED WHITE AT WORK NOTIFY THE ATTEMPT OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270.1 certify that (I) (this haspital) attended the deceased from August 19 sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death. 270. SIGNATURE DEGREE ATTENDING PHYSICIAN 272d. PHYSICIAN'S NAME (TYPE OR PRINT) 272d. NAME OF CEMETERY OR CREMATORY	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED 21b TIME OF INJURY 21c HOW INJURY OCCURRED 21c HOW INJURY OCCURRED 21c HOW INJURY OCCURRED 21c PLACE OF INJURY 21l LOCATION 21l LOCATION 21l HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION 22a.1 certify that (1) (this haspital) attended the deceased from 4c out 19	21a, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 10 21c, HOW INJURY OCCURRED 21b, TIME OF INJURY 10 10 10 10 10 10 10 1	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED 21c HOW INJURY OCCURRED 21c HOW INJURY OCCURRED 21c HOW INJURY OCCURRED 21d HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED 21d HOUR A.M. MONTH DAY YEAR 21d HOW INJURY OCCURRED 21d HOW INJURY OCC	IN CERTIFYING CAUSES YES NO IN CERTIFYING CAUSES YES NO YES YES NO Y

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

Arlington Natl.Cem. Arlington Arlington Va.

Leonardtown, Md. W. Clarke Mattingley,

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE APR 24 1985

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An annual de actoched for use as the buriol-tronsit permit. Then please remove corban paper, the state Dept. of Health and Mental Hygiene priar to buriol, cremotion, ar removal

MPORTANT: If hem 21 is morked or them 18 show

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

G	REG. NO.	,				
	26. DATE OF DEATH MONTH	DA	4	YEAR	2b. HOU	IR
	APRIL 12		19	85	12:2	20p/
	6. AGE (IN YEARS LAST BIRTHDAY)	1F	UNDE	RIYEAR	IF UNDER	
	67 YRS.	MO	NTHS	DAYS	HOURS	MIN.
1	9. BALTIMORE CITY OR COUNT	Y O	F DE	ATH		
]_	ST. MARY'S					MD
	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE)		KIND O USTRY	F BUSINE	SS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

_, that (1) (we) last

(TYPE	OR PRINT)	ELEN	CLC	TILDA	ST	ONE		APR	RIL 12	. 1985	12:20
3. SE	FEMALE	4.	race WHIT	Œ	5. DATE O	DAY YEAR	6. AGE (IN		YRS.	MONTHS DAYS	HOURS M
	RTHPLACE (STATE OR F COUNTRY) IARYLAND	OREIGN 7b		WHAT COUNTRY?	8. MARRIE WIDOWE	DEVER MARRIED	9. BALTIM		OR COUNT	Y OF DEATH	
1	TY OR TOWN OF DEA		BAYNE	ROAD	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WO	OCCUPAT ORK FOR MOST L CLE	OF WORKING L		OF BUSINESS
130. 9	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUNTY		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	BAY	NE RO		2	0680
	SAMUEL		RCY	YEATMA	-	15. MOTHER'S MAIDEN NA MAUDE	ME	REBEC			GELL
	vas deceased ever res no or unknown) NO	IN U.S. ARME (IF YES, GIVE W		219-05-		J. EMERICK	STONE,				LAND MATE INTERVAL ONSET AND DEA
NC	Conditions, if ony, gave rise to imm couse (o), statin underlying cause	nediate g the last.	(b) DUE TO, O (c)	R AS A CONSEQUI R AS A CONSEQUI SEPS!	ACT ENCE OF	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CON	NDITION GI	VEN IN PART 10	01
CERTIFICATION	19a. DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUT	OPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES []	
MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	Р.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER N	ATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
WED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	IILE 🗆	(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (1) sow the decease above, (1) (we) (c 22b. SIGNATURE	ed olive on		19	, 01	nd that in (my) (our) opinion DEGREE ATTENDING	deoth occurr		date and ho		
	22d PHYSICIAN'S NA U. SHA					ATTENDING PHYSICIAN &			2065	50	5-85

DHMH - 16 50M 4/82

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

24 FUNERAL DIRECTOR

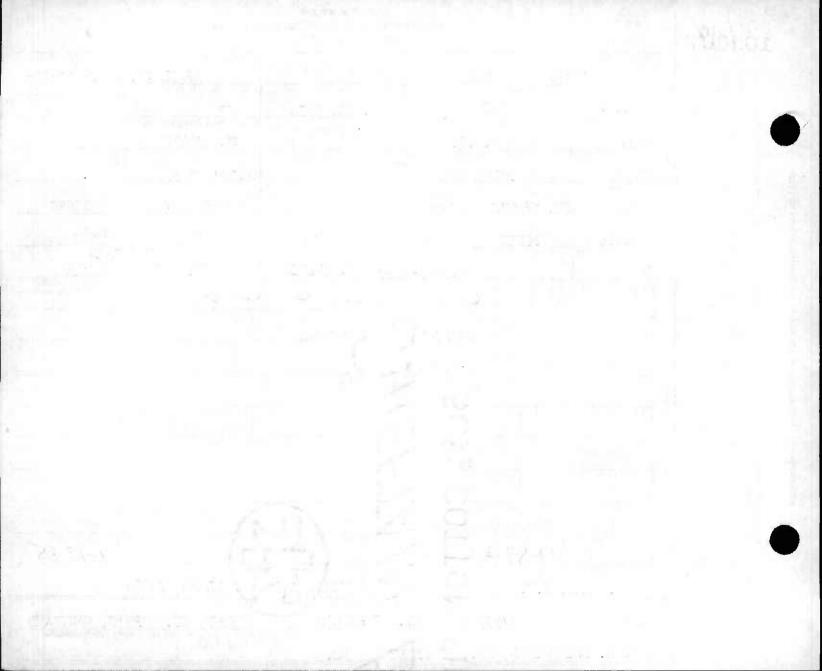
23c. NAME OF CEMETERY OR CREMATORY ST. MICHAEL'S

23d. LOCATION CITY OR TOWN

MARY'S, RIDGE ST. MARYLAND

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

4/15/85





DHMH - 17 (VR A15 ME (5)) 20M 4/B2

NAME

(TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

85

Aguasco

Adams

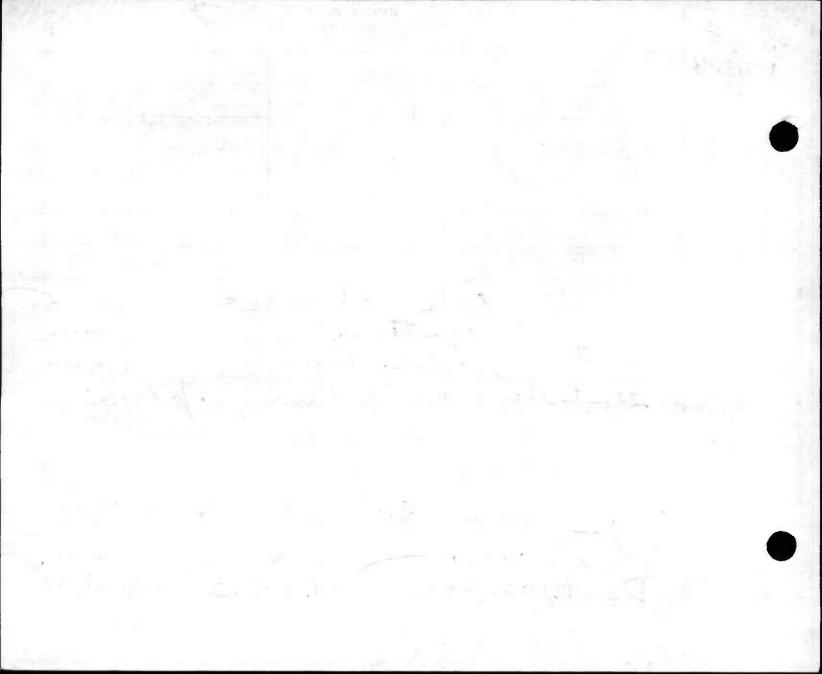
23c NAME OF CEMETERY OR CREMATORY Resurrection Cem

23d LOCATION

P.G.

STAME .

Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR \$25b. REGISTRAR'S SIGNATURE ADDRESS Theydoon Randall MAY



IMPORTANT: 11 H

BP.

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	10.		
DECEASED NAME FIRST		MIDDLE	1	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
RAYMO	OND F	RANCIS	TEN	INYSON	APRIL 18	3,198	5	
SEX	4 RACE		5. DATE (6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	HOURS MI
Male	White		July		71	YRS	MONTHS	HOURS MI
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
Marvland	USA		WIDOWI		St Mar	77 1 C		
CITY OR TOWN OF DEATH	11. NAME OF		IG HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPAT	MON	12h. KIND C	F BUSINESS
Clements	at				Farmin		#E) INDUSTRY	Lf
	Mary s	Clemen	N	136. INSIDE CITY LIMITS?	13. STREET ADDRESS Gen.		2,20	624
4. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	. 7
		ENNYSON		MARY	ALBERT	A	GUY	51
(YES, NO OR UNKNOWN)	. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
NO	, GIVE WAR OR DATES)	220 16	919	3 Thelma	Tennyson	Sa	ame as	above
18 CAUSE OF DEATH (Ent	er oak oon sawa na			(0)	, ,	,		MATE INTERVAL ONSETAND DEA
PART I. DEATH WAS CA	USED BY.		1	* Hecomp	eneck n	7	J. J.	ONDEDANDUEA
IMME	DIATE CAUSE (a)	6ar	CAG	0,00	1 0	1 4		The same
PART 2 OTHER SIGNIFICA PART 2 OTHER SIGNIFICA IPE DATE OF OPERATION 716. ACCREMT WAS UNDERLYING	NT CONDITIONS C	ONTRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	20h. IF YE	IVEN IN PART TO	NGS USED
Ē				V	YES NO		res 🗌	NO []
S OF CONTRBUTING CAUSE OF	F DEATH HOUR A	M. MONTH D	AY YEAR	11c HOW INJURY OCCUR	RED LENTER HATURE OF HIS	JET PETTEM 18.	PART I ORPART 2)	
214 INJURY OCCURRED WHILE NOT WHILE C		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION	CITY ON TO	Intro	COUNTY	STATE
22s. E certify that It ithis I	or IIN PA	deceased from	JAN.	nd that i (my) our) opinion	to 18 AP	date and ho	19_ 5 5.	that (1) (ve)
THE SIGNATURE	argot view the body	in)	nd	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	4-19	SIGNED 5
J. ROY G	0.02010.	M.D.		Mechanics		yland	d	
30 BURIAL, CREMATION, REMO (SPECIFY) BUTIAL	VAL 236. DATE 4/20/			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
4 FUNERAL DIRECTOR	7/20/	1903 S	L JO:	sephs 125 DAI	Morgan TE RECID. BY, REGISTRAL	za St	Mary	s Md
NAME		ADDRESS		Al	KECD BY REGISTRAL	French	Davidson-	MAN LERO
W.CLARKE MAT	TINGLEY	LEONARD	TOWN	,MARYLAND	4 0 1000	1/		8

20955 Fairly Decempenden town Ethen I longle Carl Will woulder drawn to you